





News from FYSB and the Youth Services Field

September 1999

Linking Youth-Related Research and Practice: Strategies for Working With Researchers

7 outh professionals—in fact, I most in the helping professions-know that the environment for assisting those in at-risk circumstances has changed dramatically during this decade. Today, the emphasis of funders, policymakers, the media, and communities is on accountability, results, and performance measures. The driving force behind these changes is, for the most part, well intentioned: to determine how we can best allocate resources to approaches that are proven to work in helping those who need assistance.

One of the results of this emphasis on accountability is that the findings of research studies, including those focusing on young people and youth issues, have more sway than ever.

Researchers' conclusions affect policies that are enacted, programs that are funded, stories

that are reported in the media, and attitudes held by the public.

Given the heightened importance of research results, it is critical that youth-related studies look not only at young people, but also at the systems and structures that affect them. And when youth are study subjects, the study design and interpretation of research findings need to reflect an understanding of young people's circumstances. (This is particularly important in studying youth in at-risk situations.) Youth service professionals can promote the development of effective studies by becoming involved in decisions about . . .

◆ What is studied: The variables that researchers choose to study (and those they do not study) powerfully affect their conclusions. For example, a study hypothesizing that the individual characteristics of

young people are what determines their involvement in delinquency might attempt to identify patterns of behavior or traits among children and youth that correlate with later involvement in delinquency. Logically, the findings of such research might lead policymakers to focus on strategies for identifying, early on, youth who exhibit behaviors and traits that have been correlated with later delinquent behavior.

By contrast, consider an investigation with the thesis that young people's behavior is closely tied to the behavior and characteristics of their families and communities. This study would look at a broader range of factors to explain why young people get into trouble and so might come to quite different conclusions. The results of this

Continued on page 2

Linking Youth-Related Research and Practice (Continued from page 1)

study would show the impact that adults and adult systems have on the lives of children and young people. Its findings might lead policymakers to explore strategies for strengthening families and communities.

♦ How questions are asked:

The perspectives and cognitive reasoning abilities of young people are quite different from those of adults. As a result, researchers need to understand adolescent development and know the most effective strategies for eliciting information from young people.

Take for example a young runaway who is asked as part of a study whether she left home "because of her own behaviors or attitudes" or "because of something that was done to her by her parents." Perhaps she has been abused, has been regularly told that she is at fault for the abuse, and ran away from home because she feared the consequences of bringing home a report card showing low grades. She therefore may respond that her own behaviors and attitudes (specifically, her low grades) were to blame. Only a researcher with experience in how to probe

sensitively for more information would be likely to obtain an answer that reflected the reality that an abusive environment caused her to leave.

♦ How study results are interpreted: There is a common belief that the findings of research studies are, for the most part, objective. Yet research results do not exist in a vacuum. They are filtered through the worldview and assumptions of the person who interprets them.

A study, for example, might report to have found a low incidence of sexual abuse among youth on the street. Yet youth service providers know that young people understandably are reluctant to share information about sexual abuse with an individual whom they have recently met, such as an interviewer. Researchers, therefore, need to present the context for such findings so that policymakers and the public do not misinterpret the data.

To affect the key decisions regarding the design and recommendations of research studies, youth service agencies need a strategy for establishing and maintaining linkages with the major actors within the research community (nationally and locally), including

both funders and researchers. The following are some steps that agency staff can take to become involved in the important stages of the research process:

1. Expand your knowledge about the research field.

Becoming informed about the research field can help youth service professionals both be more familiar with research concepts and understand the language, priorities, and concerns of researchers. Youth agency directors can support their staff in broadening their understanding of research methodologies and analytic processes. They can offer inservice training; provide incentives, such as tuition reimbursement, for attending college- or graduate-level research classes; and offer opportunities to attend open meetings of the research community. They also can subscribe to or purchase research journals that provide an overview of current research efforts and issues.

2. Strengthen your relationship with the local research community. Create a time to meet with key members of the research community in the city within which your agency operates. Use these meetings to find out more about the research in process, how that research may or may not be different from the

national research agenda as it relates to young people, and how you might become more involved in future research projects. The purpose of these initial discussions is to allow you to gather information about researchers' concerns, priorities, and challenges. You will need this information later to talk with them about how collaborating with a youth service agency might be beneficial. You can gain insight into what is important to researchers by asking questions such as the following:

- What areas of research do you focus on?
- To what extent is the study design influenced by the funder?
- ◆ How often are research results translated into practical improvements in programs and services? Have any of those efforts been highly successful? What do you think needs to happen to improve that process?
- Who are the key researchers in this community who conduct research related to young people?
- What are the most important challenges for researchers, especially in conducting studies involving young people?

◆ How could youth service professionals be helpful to researchers in addressing those challenges?

Talk to several researchers to get a feel for the priorities of the local research community. Doing so also will help you determine which researchers have priorities that are closest to those of your agency.

- 3. Establish and maintain contact with funders of youthrelated research. Get in touch with Federal agencies and foundations that fund youth-related research. By doing so, you can help ensure that those who influence the direction of such research at the national level are informed of practitioners' perspectives on the critical youthrelated issues that need further study. The following are steps that you can take to influence the direction of youth-related research nationally:
- ◆ Begin tracking the planning and funding of youth-related research. Ask to be put on the mailing lists of Federal agencies and private foundations that fund youth-related research projects. By doing so, you will stay abreast of the funding priorities for research on young people.

- ♦ Communicate with funders about the research priorities identified by youth professionals. Write to funders about critical areas for research that have been identified by the youth service field.
- ◆ Respond to Federal agency requests for comment on proposed research activities. Provide input on proposed research priorities to Federal agencies. Before publishing final funding priorities, many agencies solicit public comments. They do so to hear from local communities and others about the priorities the agency has selected. On the basis of comments, they may revise the research priorities accordingly.

Some agencies and private foundations do not solicit comments on their proposed priorities or focuses for funding. Youth agency staff, however, can write to them about research areas that need more attention.

◆ Contact Federal agencies to make recommendations for research proposal review panels and project advisory panels. Federal agencies often create review panels to assess proposals for Federal research 4 The Exchange September 1999

Linking Youth-Related Research and Practice (Continued from page 3)

funding. You can encourage researchers who understand the need for collaboration with youth service professionals to apply for inclusion in proposal reviewer databases for key Federal agencies. In addition, once Federal agencies (and some foundations) fund a research project, they often appoint an advisory committee to oversee the design and implementation of the study, as well as the analysis of study outcomes. These panels often include professionals from a range of disciplines, including youth service providers, to ensure that a variety of perspectives are considered. You and other youth service professionals can submit your qualifications for participating in such panels.

4. Serve as a resource to local researchers who conduct youth-related studies.

Researchers interested in conducting studies that can improve policies for youth, families, and communities understand the valuable role that youth agency directors and other youth service professionals can play in their work. Build on the relationships that you have established with researchers to begin playing a

greater role in a future research project:

- ♦ Identify which researchers have interests closest to your own. Determine who in the local research community is most likely to share your priorities. Your initial discussions will have given you some idea of which researchers are most likely to be interested in working with you because your concerns and areas of interest regarding young people overlap.
- ◆ Figure out what resources you could bring to a partnership with a researcher.

 Researchers will be most interested in collaborating with youth service agencies when they know that doing so will help them conduct useful research. To that end, you can identify, and then present to researchers, the benefits that working together might offer them, such as the following:
 - Access to new funding sources. Your agency's experience in resource development may have given you knowledge of little-known sources of public or private funding for studies involving young people. You also may know about funding sources

- for projects related to specific populations of young people, such as youth on the street, that researchers would not be aware of.
- Access to populations of young people whom researchers have had difficulty including in studies. Studies involving youth in at-risk circumstances usually are challenging given the resources that most research teams have available. Youth experiencing difficulties often are hard to locate for purposes of a study and even more difficult to follow up with. You can assist researchers in recruiting and maintaining contact with these young people.
- Access to the community. Youth service providers have connections to other community organizations, networks, and leaders. Those linkages can help researchers access other data sources and personnel who can assist them during all phases of studies, from design through data collection and analysis.
- ◆ Become a member of study teams. You or your agency might propose becoming formal partners with research

Special Considerations in Interviewing Youth

Capturing accurate data through studies involving young people, especially those in at-risk circumstances, requires that researchers consider several special factors. Interview protocols need to be designed to take into account some realities of the adolescent life stage:

- Young people are influenced by their surroundings. During adolescence, individuals have a high need for both a sense of belonging and a sense of security. They also are formulating a social and ethical code and developing intellectually. As a result, they are greatly influenced by their surroundings, and their behaviors can reflect that influence. (A young person who grows up in a family in which drug and alcohol abuse is common, for example, will be at far higher risk than other youth of becoming involved in drug use.) Interviewers asking about young people's involvement in risky behaviors, therefore, need to probe further to find out about circumstances in the past that may have led to that involvement.
- Youth are more likely than are adults to believe what the adults in their lives tell them. Many times, youth living in situations in which they have been physically, sexually, or emotionally abused or neglected are told by their parents or guardians that they are "bad" and that it is their fault that the parents or guardians act abusively or that youth are experiencing difficulty. Not surprisingly, often these young people internalize those messages.
 - As in the example on page 2 of the girl who runs away at report card time, when such young people are asked about the origin of their difficulties, therefore, they often tend to identify their own actions as the cause of what they are experiencing. They believe they are at fault even when the situation stems from

- the failure of adults to provide them love and support. Researchers, therefore, need to consider using interview protocols that allow them the flexibility to sensitively probe young people's responses in relation to the circumstances in their lives.
- Youth may give adults answers that protect the young person's self-image. Youth understandably are likely to answer questions during an interview in a way that helps them maintain a positive image of themselves. Questions to young people about sensitive subjects such as sexual abuse, therefore, may elicit responses that do not reflect young people's actual experiences. In turn, data derived from these responses underreport the incidence of circumstances damaging to young people's well-being.

Linking Youth-Related Research and Practice (Continued from page 4)

teams. In that role, you or your organization could do any of the following:

- Work with researchers to train interviewers and design study questions that capture accurate information. The design of interview protocols and interviewer training is critical to the results of youth-related studies. Propose to researchers that you could assist in training field interviewers and planning appropriate study questions.
- Assist researchers in interpreting study results. Researchers may be interested in getting the help of youth service agency staff in interpreting study results, especially when agency staff have been valuable resources throughout the process of conceptualizing, designing, and carrying out studies. Offer to help researchers put into context study results involving young people, especially those that initially appear to reflect negatively on youth. Most researchers do understand that research findings have a real impact on young people and youth policy and may be interested in knowing how to provide context for findings. You also can help researchers translate

- study results into practical recommendations for improving support and services for youth.
- Help publicize study recommendations to policymakers, the media, and other key decisionmakers. Community leaders and members of the public may be more interested in implementing measures to provide support for young people when the value of doing so is indicated by research findings. As part of collaborating, therefore, you can help researchers spread the word about study results to decisionmakers and the media (through, for example, press releases and meetings with policymakers), community members (such as by holding

a community forum), and the youth service field (such as by sending information to the National Clearinghouse on Families & Youth and the National Network for Youth for broader dissemination).

Obviously, the scarcity of resources for youth services makes it critical that dollars diverted into research produce outcomes that benefit young people, youth agencies, and communities. By working together, youth service professionals and researchers can develop studies that identify the key issues and practices affecting youth, families, and communities. Most importantly, though, they can jointly produce a body of knowledge on how communities can best support young people in becoming healthy, contributing adults.

National Youth-Related Research Projects

Family and Youth Services Bureau (FYSB) grantees can review national youth-related research projects to strengthen their local research efforts. In addition, findings from these studies can help grantees to promote positive images of youth and advocate for improved support and services for young people in their communities. The next two sections of this *Exchange* provide an overview of several national-level studies, as follows:

Section I: National Youth-Related Studies That Illustrate	
Approaches to Youth-Related Research	7
Section II: National Data Collection Efforts That Include	
a Youth-Related Component	8

Section I

National Youth-Related Studies That Illustrate Approaches to Youth-Related Research

As the research field has evolved, youth-related studies have taken an array of forms, depending on the topic or population being studied, the scope of information sought, and the period covered by the study. And as the reliance on research findings in developing new practices increases, it is more important than ever for youth service professionals to critically analyze youth-related research studies.

The section that follows describes three national youth-related studies that currently are underway or recently have been completed, each illustrating a different research approach. The first integrates traditional interview methodologies with an observational study; the second is a secondary analysis of youth program evaluations; the third is a national-scope survey study:

The Project on Human Development in Chicago Neighborhoods	8
Positive Youth Development in the United States	11
National Survey of America's Families	14

8 The Exchange September 1999

The Project on Human Development in Chicago Neighborhoods

Years: February 1994 through the end of 2001

Sponsors: National Institute of Justice, U.S. Department of Justice; John D. and Catherine T.

MacArthur Foundation; National Institute of Mental Health, U.S. Department of Health and Human Services (DHHS); U.S. Department of Education; Administration

on Children, Youth and Families (ACYF), DHHS

Contacts: For a list of the project's contacts, see the following home page address on the

Internet's World Wide Web: http://phdcn.harvard.edu/staff/index.htm.

Focus: Through the Project on Human Development in Chicago Neighborhoods (PHDCN), researchers are studying how individual personalities, family relationships, school environments, and community characteristics interact to affect young people's developmental pathways to both healthy and unhealthy outcomes. The team will examine two broad hypotheses: (1) community influences are at least as important as family and individual factors in shaping a person's prosocial or antisocial attitudes and behaviors, and (2) there are multiple pathways into and out of antisocial behavior.

Population and Study Design:

The PHDCN comprises three separate, but integrated, studies:

• Interviews with adults:
Researchers have interviewed approximately 8,700 randomly

selected adult household residents in all neighborhoods within the city limits of Chicago, but they conducted proportionally more interviews with residents of a representative subsample of 80 neighborhoods. They also interviewed 2,822 neighborhood leaders in the areas of education, religion, business, politics, law enforcement, and community organization from these 80 neighborhoods. Through these interviews, the research team is gathering information on respondents' perceptions regarding a variety of community characteristics and indicators: the economic and political structure; neighborhood resources; social control; levels of violence; neighborhood decline, stability, and cohesion; and signs of disorder.

- Observational study of communities: Through the study's observational component, a team of six observers videotaped one side of each block in the 80 neighborhoods. They recorded the life of and behaviors in each neighborhood from 7 a.m. to 7 p.m. every day of the week during the summer of 1995. The team also kept logs of residents' activities and how they related to one another, as well as the appearance of the community (for example, whether there was garbage on the streets or sidewalks, whether there were abandoned cars, or whether parking rules were being violated).
- Longitudinal study of children and youth: The research team is conducting a longitudinal cohort study that is tracking approximately 6,000 children and youth from seven age

cohorts who live in the subsample of 80 neighborhoods to examine their development from birth through age 25. As part of the longitudinal study, the researchers will conduct approximately four interviews over the course of 8 years with these children and youth and/or their primary caregivers. (The first interview with the child and/or caregiver already has been conducted; the child and youth cohorts were infants and ages 3, 6, 9, 12, 15, and 18 at the time of the interview.)

For those in the 18-year-old cohort, questions in the first interview were designed to obtain information about their behavioral and emotional problems, cognition and language abilities, demographics (such as marital status, employment, and family structure), exposure to violence and family conflict, family's health history, individual health status, socialization and social support (such as the degree of support they receive from family and friends), and temperament.

Questions for children ages 9, 12, and 15 covered their behavior and emotional problems, cognition and language abilities, exposure to violence, health status, socialization and social support, and temperament. The research team tested

children age 6 for cognition and language development only as part of the first interview; for infants and children age 3, researchers obtained information from the child's primary caregiver only.

Questions for primary caregivers of children in the cohorts ages 3–15 focused on their child's behavioral and emotional problems, exposure to violence, history in school or day care, and temperament, and on conflict and violence in the child's family. Additional questions administered to the primary caregivers of children in all seven cohorts focused on the family's health history, the caregiver's demographics, and the caregiver's socialization of and social support for their child. Further, caregivers of infants and children ages 3 and 6 were asked about their child's health status (interviewers asked children ages 9, 12, and 15 themselves about their health status).

In addition, as part of the first round of interviews, the researchers conducted a comprehensive assessment of 500 6-month-old infants and their primary caregivers regarding their cognitive abilities, motor skills development, and temperament. The researchers also are videotaping the interaction

between these infants and their caregivers.

To provide additional background for the full study, the research team also collected existing crime, education, and health data (for example, police incident files for the years 1990–1995) on Chicago and the State of Illinois.

Study Results: The research team has reported the following preliminary study results:

• Community cohesion: The research team's findings to date indicate that the presence in a community of mutual trust and a willingness of residents to intervene in the supervision of children and the maintenance of public order (which they term "collective efficacy") is negatively associated with a high level of violence. (Examples of collective efficacy they cite include an active and shared willingness to help neighbors and intervene in preventing acts such as truancy by younger people or streetcorner loitering.) In addition, they reexamined the associations that researchers have previously found between (1) concentrated disadvantage (which the researchers defined as neighborhoods in which a majority of residents live at or

№ Continued on page 10

National Youth-Related Studies (Continued from page 9)

below the poverty line) and violence in a community and (2) residential instability and violence in a community. They found that both associations are largely due to the generally lower levels of collective efficacy that exist in communities that are disadvantaged or show residential instability.

One study limitation the researchers highlight is that what happens within neighborhoods is to some degree shaped by factors linked to broader political and economic processes. That is, the research team says recognizing that collective efficacy matters does not imply that problems of inequality and disadvantage should be neglected. They recommend that strategies to address the social and ecological changes in many inner-city communities need to be considered in conjunction with encouraging communities to mobilize against violence through "self-help" strategies of informal social control. They also suggest that these strategies might be most effective if reinforced by partnerships with agencies of formal social control (such as community policing).

 Young people and delinquency: The research team reported that although the FBI and other agencies keep statistics about criminals and their behavior, little information exists about the effects of exposure to real-life violence and how being a victim or a witness is related to rates of offending. As part of the longitudinal cohort study, researchers questioned 9-, 12-, and 15-year-olds about their exposure to violence to determine the extent to which exposure to violence is a predictor of future violence.

The interviews revealed that large numbers of these children have been victims of or witnesses to violence and that many carry weapons (for example, between 23 and 30 percent had seen a shooting or someone being killed or shot at, and 66 percent had heard live gunfire). Respondents were asked to provide details about the nature of the crimes they had witnessed to ensure that they were not confusing reality with video games, movies, or television programs.

Other Projects: As part of the PHDCN, the researchers are conducting a number of other studies, including the following two sponsored by the Administration on Children, Youth and Families:

Child Care ResearchPartnership: This partnership

between the PHDCN, the Child Care Division of the Illinois Department of Human Services, and the Children's Services of the Chicago Department of Human Services will compare three distinct databases on low-income families and children. A specific focus of the researchers in examining these data will be to determine how parental involvement in the child's out-of-home care or early education program relates to positive developmental outcomes as children enter school.

• The Emotional Health of Low-income Children Over Time: Influences of Neighborhood, Family, Head Start, and Early School **Experiences:** This study focuses on the emotional health of low-income children and their parents. The researchers will conduct a series of focus groups with Head Start staff, child care providers, parents of preschoolers, and community health professionals. The study will focus especially on how emotional health is influenced by neighborhood, child care, and family characteristics and how these influences change over time.

Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs

Years: September 1996 through June 1999

Sponsors: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of

Health and Human Services (DHHS); and the National Institute of Child Health and

Human Development, DHHS

Contacts: Richard Catalano or David Hawkins, Social Development Research Group, University

of Washington School of Social Work, Suite 401, 9725 Third Avenue, N.E., Seattle,

WA 98115; (206) 685-1997

Focus: The major goals of this study were to (1) define positive youth development and related concepts; (2) identify elements that have contributed to both the success and lack of success of positive youth development programs, using the results of evaluations of these programs; and (3) identify elements that have contributed to successful evaluations of positive youth development programs, and recommend potential improvements in evaluation approaches.

Programs Reviewed: The researchers analyzed the evaluations of 77 positive youth development programs as part of this study. The programs reviewed all sought to help children and youth ages 6–20 achieve one or more positive youth development objectives (these objectives are listed under "Study Results" on

pages 12–13). The programs were nonresidential and involved provision of a specified number of educational sessions or activities to children or youth over the course of several months or years.

Programs included in the study also had to have undergone an evaluation that included a control, or at least a strong comparison group, and measured behavioral outcomes among the children or youth served. (Some incorporated pretests and short-and/or long-term post-tests.) Further, the programs included did not carry out activities that represented treatment of, or a response to, a child or young person's diagnosed disorder or behavior problem.

Of the 77 programs whose evaluation reports the researchers

analyzed, 25 were ultimately designated as "effective" on the basis of having undergone a methodologically sound evaluation that showed evidence of positive youth outcomes resulting from program participation. Of the other 52 programs, 47 were excluded because their evaluation did not meet the study's scientific criteria or the reports were missing key information; 2 were excluded because their evaluation measured only changes in young people's attitudes and knowledge; and 3 were excluded because the evaluation did not show that the program had a significant impact.

Though positive youth development is not yet well defined, the researchers identified a set of objectives that positive youth development programs generally seek to promote, and provided National Youth-Related Studies (Continued from page 11)

operational definitions of each objective:

- Bonding: A program was classified as promoting bonding if
 one or more of its components
 focused on developing the
 child's relationship with a
 healthy adult, positive peers,
 and/or their school, community, or culture.
- Resilience: Programs promoting resilience emphasized strategies for developing coping responses to change and stress, and promoted psychological flexibility and capacity.
- Social competence: Programs that provided training in developmentally appropriate interpersonal skills, and rehearsal strategies for practicing these skills.
- Emotional competence:
 Programs that sought to
 develop young people's skills
 for identifying feelings in themselves or others, skills for managing emotional reactions or
 impulses, or skills for building
 their self-management strategies, empathy, or frustration
 tolerance.
- Cognitive competence:
 Programs that sought to positively influence a child's cognitive abilities, processes, or outcomes.

- Behavioral competence:
 Programs that taught skills and provided reinforcement for effective behavior choices and action patterns.
- Moral competence: Programs
 that sought to promote empa thy, respect for cultural or soci etal rules and standards, a
 sense of right and wrong, or a
 sense of moral or social justice.
- Self-determination: Programs that employed strategies for increasing young people's capacity for empowerment, autonomy, independent thinking, or self-advocacy.
- Spirituality: Programs that promoted the development of belief in a higher power or internal reflection or meditation or supported youth in exploring a spiritual belief system or a sense of spiritual identity, meaning, or practice.
- Self-efficacy: Programs that helped youth develop skills for personal goal setting, coping and mastery skills, or techniques to change negative self-efficacy expectations or self-defeating cognitions.
- Clear and positive identity:
 Programs that sought to promote healthy identity formation and achievement in youth, including positive identification with a social or cultural

- subgroup that supports their healthy development of a sense of self.
- Belief in the future: Programs that sought to influence a child's belief in his or her potential, goals, options, choices, or long-range hopes and plans.
- Prosocial norms: Programs that employed strategies for encouraging youth to develop clear standards of behavior that minimized health risks and supported prosocial involvement.
- Recognition for positive behavior: Programs that created response systems for rewarding, recognizing, or reinforcing children's prosocial behaviors.
- Opportunities for prosocial involvement: Programs that offered activities and events through which youth could participate, make a positive contribution, and experience positive social exchanges.

Study Results: The researchers reported the following study results:

• Characteristics of the selected programs: The researchers highlighted two features present in nearly all of the 25 youth development programs

that they designated as "effective":

- Using structured program guidelines or manuals to help staff implement the program consistently from group to group and/or site to site. Of the 25 programs, 24 used training manuals or other forms of structured curricula.
- Providing the program for a sufficient length of time to facilitate behavioral changes and measurement of these changes. Of the 25 programs, 20 provided their services for 9 months or more.
- Behavioral changes among participating youth: On the basis of their review of evaluation reports on the 25 programs, the researchers concluded that a wide range of positive youth development approaches can result in positive youth outcomes and the prevention of youth behaviors that put them at risk. They reported the following:
 - 24 programs showed significant decreases in problem behaviors among participating youth, including drug and alcohol use, school misbehavior, aggressive behavior, violence, truancy, risky sexual behavior, and smoking.

- The evaluations of 19 programs indicated positive changes in the behavior of participating young people. These included significant improvements in their interpersonal skills, self-control, problem-solving skills, cognitive competencies, self-efficacy, commitment to schooling, and academic achievement and in the quality of their relationships with adults.
- Components of the selected programs: The 25 programs addressed a range of positive youth development objectives, yet shared common themes:
 - All 25 programs sought to foster self-efficacy; social, cognitive, and behavioral competencies; and prosocial norms.
 - 22 programs sought to promote opportunities for

- prosocial involvement and provided recognition for positive behavior.
- 22 promoted emotional competence.
- 19 promoted bonding.
- 12 promoted resiliency.
- 9 promoted clear and positive identity.
- 8 promoted moral competence.
- 4 promoted selfdetermination.
- 2 promoted spirituality and belief in the future.

The researchers found that the activities of the 25 effective programs took place in community, school, and family settings. A total of 22 programs had a school-based component, 15 had a family-based component, and 12 had a community-based component.

™ Continued on page 14

FYSB Youth Development Resources

FYSB's National Clearinghouse on Families & Youth (NCFY) has a variety of publications on youth development, including:

- Reconnecting Youth & Community: A Youth Development Approach, July 1996 (also available on audiocassette)
- FYSB Update: Understanding Youth Development, June 1997

To request these or other youth development materials, please call or E-mail NCFY at (301) 608-8098; E-mail: <Info@ncfy.com>.

Or visit the NCFY Web site at <www.ncfy.com>.

National Youth-Related Studies (Continued from page 13)

National Survey of America's Families

Years: Interviews were conducted from February to November 1997. The survey was

repeated in February 1999.

Sponsors: The National Survey of America's Families (NSAF) is a component of the Assessing

the New Federalism project, which is funded by 16 national foundations. Assessing the New Federalism is analyzing the devolution of responsibility for social programs

from the Federal Government to the States, focusing primarily on health care,

income security, job training, and social services.

Contact: Assessing the New Federalism, The Urban Institute, 2100 M Street, N.W.,

Washington, D.C. 20037; (202) 261-5377; fax: (202) 293-1918; E-mail:

<nsaf@ui.urban.org>; <http://newfederalism.urban.org/nsaf>

Focus: Through the National Survey of America's Families, researchers are collecting data on the health, economic, and social characteristics of children, adults, and their families. The survey is designed to provide a comprehensive look at the well-being of children and their families within and across States, identify changes in their well-being over time, and explore how child and family well-being and family life are impacted by policy reforms. The researchers are focusing especially on how aspects of the lives of children and adults in low-income families differ from those of their higher income counterparts.

Population and Study Design:

In 1997, the NSAF researchers conducted interviews with 75,437 adults and 34,439 children (individuals under age 18) in 44,461

households. Researchers interviewed families at all income levels, but they oversampled lowincome families (defined as families who have annual incomes below 200 percent of the Federal poverty level). The research team selected the sample from 13 States that were representative of the Nation as a whole: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. The interviews focused on the following topic areas:

Adult and family well-being:
 Employment; income; educational attainment and participation in training courses; economic hardship; food insecurity; participation in government programs; housing

arrangements and cost; health insurance coverage; access to and use of health services; health status and limitations; psychological well-being; participation in religious and volunteer activities; knowledge about availability of social services; and attitudes toward work, welfare, health care, and raising children.

• Child well-being: Educational attainment and school engagement, cognitive development, child care arrangements, parent-child interactions, participation in work and recreational activities, social development, behavioral problems, child support and contact with noncustodial parents, health status and limitations, health insurance coverage, and access to and use of health services.

 Household/family characteristics: Household composition, family structure, family stress, and demographics.

Study Results: The first set of study results from the 1997 survey, Snapshots of America's Families, was released in January 1999. (A second survey was conducted in 1999.) The report suggests that the status of children and adults differed greatly across the Nation. Rates of poverty, for example, varied considerably among the 13 States studied, as did the percentage of low-income children who lack a usual source of health care.

According to the preliminary study results, families face challenges in four broad areas of well-being:

• Income and hardship:

Nationally, 20 percent of all children lived in a family with an income below the poverty level. Further, 43 percent of children live in low-income households (less than \$31,822 in 1996 for a family with two parents), and their circumstances are markedly different from children living in higher income households. In all categories explored by the study, including health care, social engagement, parental employment, or factors related to

child development, lowincome children face more difficulties than do children living in higher income families.

Children living with one parent were much more likely to be poor (44 percent) than children living with two parents (11 percent). (For a single parent with two children, the poverty level was \$12,641 in 1996.) While important, the poverty rate is a relatively blunt measure of children's well-being because it is limited to cash income. It excludes such government support as food stamps, housing assistance, and the earned income tax credit, as well as deductions from income tax for essential child care and health care spending.

Nationally, 28 percent of lower income families reported being unable to pay the mortgage, rent, or utility bills at some point in the prior year, compared with 9 percent of families with higher incomes. In addition, nearly half of lower income families reported worrying about or having difficulty affording food, compared to one out of seven higher income families.

• Health care and coverage:

There are sizable differences in the uninsurance rates between

children and adults, and between high-income and low-income families. The survey showed, for example, that 12 percent of children and 17 percent of nonelderly adults lacked health insurance at the time of the survey. In families with low incomes, 21 percent of children and 37 percent of adults were not insured.

Nationwide, 12 percent of adults and 5 percent of children under age 18 were in poor or fair health. Among low-income families, 8 percent of children and 23 percent of adults were in poor or fair health. Adults were much more likely than children to lack a usual source of care: 18 percent versus 6 percent.

• Children's environment and behavior: On the national level, 63 percent of children lived in two-parent families, and the vast majority of those parents were married; 27 percent of children lived in one-parent families; 8 percent lived in blended families (for example, one biological or adoptive parent married to one stepparent who has not adopted the child); and 3 percent lived with two unmarried biological or adoptive parents.

☞ Continued on page 16

National Youth-Related Studies (Continued from page 15)

Children living in one-parent or no-parent families are far more likely to experience economic hardship than children raised in two-parent or blended families. Nationally, 31 percent of children in two-parent families and 35 percent of children in blended families had low incomes, compared to 70 percent in one-parent families and 67 percent in no-parent families.

Regardless of income, children take part in extracurricular activities and are generally involved in school; relatively few have significant behavioral problems. Nationally, 83 percent of all children ages 6–17 participated in at least one extracurricular activity, including clubs, sports, or lessons. Even though lower income children are less likely to participate in extracurricular activities than are higher income children (73 percent compared with 90 percent), they still participate at a very high rate.

Children in lower income families, however, are more likely to have behavioral and emotional problems than are those in higher income families and are less likely to be engaged in school. Nationally, 41 percent of all children were described as being highly engaged in school. In low-income families,

34 percent were highly engaged, compared with 45 percent of children in higher income families.

Differences in children's engagement in school also were evident when comparing different age groups. Of children ages 6–11, 38 percent in low-income and 47 percent in higher income families were highly engaged. This gap widened somewhat for children ages 12–17, with 30 percent and 44 percent, respectively, being highly engaged.

 Adults' environment and behavior: Most adults, regardless of income, provide a supportive home environment for their children, read to their children, and participate in their communities. The survey, however, identified differences by income for a variety of other measures. For example, 38 percent of all children lived with a parent who volunteered a few times a month, with 30 percent of low-income children and 43 percent of higher income children in this category. In addition, 59 percent of children lived with a parent who reported participating in religious activities at least a few times a month, with 55 percent of low- income children and 62 percent of higher income children in this category.

Research at the Local Level

The outcomes of local research projects can affect the environment for young people at the community level and also contribute to the development of national policy and practice. Youth professionals, therefore, are engaged in and/or tracking studies being conducted at both levels (see the article beginning on page 1). The Family and Youth Services Bureau and the Administration on Children, Youth and Families are interested in hearing about innovative local youth-related research studies that are in progress or recently have been completed. If you would like to share information about a youthrelated research project in your community, please send information on the study to the National Clearinghouse on Families & Youth, P.O. Box 13505, Silver Spring, MD 20911-3505; (301) 608-8098; fax: (301) 608-8721; E-mail: <Info@ncfy.com>; <www.ncfy.com>.

Sources of Further Information About National Youth-Related Studies

National studies, especially those involving longitudinal data collection, often are complex undertakings involving many components. The study summaries in the foregoing article obviously are overviews rather than complete descriptions of all study components and results. The following are sources of information about the three studies, some of which were used to prepare the summaries:

Project on Human Development in Chicago Neighborhoods

- "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy." Authors: R. Sampson, S. Raudenbush, and F. Earls. 1997. In *Science*, Vol. 277, No. 5328 (August): 918–924.
- National Institute of Justice Research in Brief: Project on Human Development in Chicago Neighborhoods: A Research Update. Authors: F. Earls and C. Visher. February 1997. Available from National Criminal Justice Reference Service, P.O. Box 6000, Rockville, MD 20849-6000;

(800) 851-3420 or (301) 519-5500; fax: (301) 519-5212; Email: <askncjrs@ncjrs.org>; <www.ncjrs.org>.

For a list of other publications about this study, see the project's home page on the Internet's World Wide Web: http://phdcn.harvard.edu.

Positive Youth Development in the United States

• Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development *Programs.* Authors: R. Catalano et al. June 1999. Available on the Internet's World Wide Web: http://aspe.hhs.gov/ hsp/PositiveYouthDev99> or from Social Development Research Group, University of Washington School of Social Work, 9725 Third Avenue, N.E., Suite 401, Seattle, WA 98115; (206) 685-1997; E-mail: <sdrg@u.washington.edu>.

National Survey of America's Families

Families Who Left Welfare: Who Are They and How Are They Doing? Author:
P. Loprest. 1999. Available on the Internet's World Wide Web: <www.newfederalism.urban.org/ html/discussion99-02.html>.

- National Survey of Family
 Well-Being Exposes
 Vulnerability and Reveals
 Strengths of Low Income
 Families: Unexpected
 Magnitude of State Differences
 Poses Challenges for State and
 Local Governments. (Press
 release.) Author: The Urban
 Institute. January 25, 1999.
 Available on the Internet's
 World Wide Web:
 <www.urban.org/news/pressrel/pr990125.html>.
- National Survey of America's Families. Author: The Urban Institute. January 1999.
 Available on the Internet's World Wide Web:
 http://newfederalism.urban.org/nsaf/index.htm or from Assessing the New Federalism, The Urban Institute, 2100 M Street, N.W., Washington, D.C. 20037; (202) 261-5709; E-mail:
 paffairs@ui.urban.org
- Data from the 1997 survey's computer files are being made available for public use; the data file focusing on children was released in March 1999.

Section II

National Data Collection Efforts That Include a Youth-Related Component

A range of Federal agencies and national foundations support research studies targeting youth. Youth service providers can use the data collected through these studies to generate greater support for young people and the programs that serve them.

This section contains brief descriptions of ongoing or recently completed youth-related research studies. Most of these involve longitudinal data collection on a range of topics, including youth-related issues. While the purpose of most of these studies is data collection rather than analysis, researchers have used the study data to conduct secondary analyses and make policy recommendations. To obtain additional information about these studies and other projects and publications related to them, see "For Further Information" under each study description.

The following national data collection efforts are described in this section:

- 1. Add Health: A National Longitudinal Study of Adolescent Health
- 2. Monitoring the Future Study
- 3. National Household Survey on Drug Abuse
- 4. National Longitudinal Survey of Youth
- 5. National Survey of Adolescent Males
- 6. National Survey of Families and Households
- 7. National Survey of Family Growth
- 8. New Immigrant Survey: A Pilot Study
- 9. Panel Study of Income Dynamics—Child Development Supplement
- 10. Program of Research on the Causes and Correlates of Delinquency
- 11. Study Group on Serious and Violent Juvenile Offenders
- 12. Study Group on Very Young Offenders
- 13. Youth Risk Behavior Surveillance System/Youth Risk Behavior Survey

¹ This list comprises ongoing or recently completed youth-related research studies; readers should not presume that this list is exhaustive.

1 Add Health: A National Longitudinal Study of Adolescent Health

Focus: Measures the impact of social environment on adolescent health and examines the general health and well-being of adolescents.

Topical Areas: Adolescent health and health-affecting behaviors, and influences on adolescent health, such as families, friends and peers, romantic relationships, schools, neighborhoods, and communities.

Population: Adolescents in grades 7–12 in 1994–1995 (the study's first year).

Years: 1994–1996; an additional wave of data collection is planned for September 2000.

Sponsors: National Institute of Child Health and Human Development, U.S. Department of Health and Human Services; and 17 other Federal agencies.

For Further Information:

• Project Contact: J. Richard Udry, Director, Add Health, Carolina Population Center, University of North Carolina at Chapel Hill, CB#8120 University Square; Chapel Hill, NC 27516-3997; (919) 962-8412; fax: (919) 966-7019; Email: <addhealth@unc.edu>; <www.cpc.unc.edu/addhealth>.

• Contact for Data: For information about the public use data sets from this study, contact Sociometrics Corporation, 170 State Street, Suite 260, Los Altos, CA 94022-2812; (650) 949-3282; fax: (650) 949-3299; E-mail: <socio@socio.com>; <www.socio.com/srch/

2 Monitoring the Future Study

summary/afda2/fam48-50.htm>.

Focus: Studies changes in the attitudes and behavior of young people in the United States.

Topical Areas: Drug use, attitudes about drug use, and availability of drugs and cigarettes.

Population: High-school seniors since 1975; beginning in 1991, the study sample also included nationwide samples of 8th- and 10th-grade students. Followup surveys also have been mailed to a sample of each graduating class biannually until respondents reach age 32.

Years: Annually since 1975.

Sponsors: National Institute on Drug Abuse, U.S. Department of Health and Human Services.

For Further Information:

 Project Contact: Lloyd D. Johnston, Principal Investigator, (734) 763-5043.

- Project Home Page on the Internet's World Wide Web:
 <www.isr.umich.edu/src/mtf>.
- Contact for Data or Publications: Data from the Monitoring the Future study are available on the following home page: <www.icpsr.umich.edu/ SAMHDA>. Or, to order Monitoring the Future data tapes, contact The Interuniversity Consortium for Political and Social Research, The University of Michigan, Institute for Social Research, P.O. Box 1248, Ann Arbor, MI 48106-1248; (734) 998-9799. Send questions about available publications or data by E-mail to <MTFinfo@isr.umich.edu>.

3 National Household Survey on Drug Abuse

Focus: Produces annual estimates of drug and alcohol use incidence and the patterns and consequences of such use and abuse, and monitors the trends in use over time.

Topical Areas: Prevalence of illicit drug, alcohol, and tobacco product use.

Population: U.S. civilian residents in households and non-institutionalized groups age 12 and older.

₽ Continued on page 20

National Data Collection Efforts (Continued from page 19)

Years: Annually since 1979.

Sponsors: Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

For Further Information:

- Project Contact: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20847-2345; (800) 729-6686 or (301) 468-2600; TDD: (301) 230-2687 or (800) 487-4889; fax: (301) 468-6433; E-mail: <info@health.org>; <www.health.org>.
- Contact for Data: For the summary results of the study, see the NCADI home page <www.health.org> or the SAMHSA home page <www.samhsa.gov/oas>.

A National Longitudinal Survey of Youth (NLSY)

Focus: Assesses the educational, training, employment, and family experiences of U.S. adults and young adults.

Topical Areas: Cognitive, social, and affective development of children; marital history; family formation; peer relationships; contact and relationship with parents; childbearing; child care;

health; alcohol and substance use; attitudes and aspirations; employment experience; socioeconomic status; and education and training.

Population:

- NLSY79: civilian males and females age 14–21 (as of December 31, 1978).
- Children of the NLSY79: male and female children (from birth to age 14) of the NLSY79 female respondents.
- NLSY79 Young Adult Children: male and female adolescent children (age 15 and older) of the NLSY79 female respondents.
- NLSY97: household residents age 12–16 as of December 31, 1996.

Years:

- NLSY79: annually from 1979 to 1994; biennially after 1994; continuing.
- Children of the NLSY79: biennially since 1986; continuing.
- NLSY79 Young Adult Children: biennially since 1994; continuing.
- NLSY97: annually since 1997; continuing.

Sponsors: Bureau of Labor Statistics, U.S. Department of Labor; National Institute of Child Health and Human Development, U.S. Department of Health and Human Services; and other Federal agencies.

For Further Information:

- Project Contact: Stephen L. McClaskie, NLS User Services, The Ohio State University, Center for Human Resource Research, 921 Chatham Lane, Suite 200, Columbus, OH 43221-2418; (614) 442-7366; fax: (614) 442-7329; E-mail: <usersvc@postoffice.chrr.ohiostate.edu>.
- Project Home Page: http://stats.bls.gov/nlshome.htm>.
- Contact for Data: Study data can be ordered through the project home page:
 httm>.
- Contact for Publications: A bibliography of publications on this study appears on the following home page:
 <www.chrr.ohio-state.edu/ nls-bib>.

5 National Survey of Adolescent Males (NSAM)

Focus: Collects data on the reproductive and sexual behaviors of adolescent males.

Topical Areas: Family background; educational history and aspirations; sexual, contraceptive,

and HIV-related behaviors; use of alcohol and drugs; attitudes about condom use; gender role attitudes; and knowledge about sex, AIDS, and contraception.

Population: Adolescent males age 15–19 in 1988 and 1995.

Years: 1988, 1990–1991, 1995. (The 1988 respondents were followed up in 1990–1991 and 1995. In addition, in 1995, a new cohort of males age 15–19 were interviewed.)

Sponsors: (1995 wave) National Institute of Child Health and Human Development, U.S. Department of Health and Human Services (DHHS); Office of Population Affairs, DHHS; Centers for Disease Control and Prevention, DHHS; and National Institute of Mental Health, DHHS.

For Further Information:

- **Project Contact:** Dr. Freya Sonenstein, The Urban Institute; (202) 261-5512.
- Contact for Data or Publications: The Urban Institute, 2100 M Street, N.W., Washington, D.C. 20037; (877) 847-7377; E-mail: <pubs@ui.urban.org>; <www.urban.org>.

6 National Survey of Families and Households (NSFH)

Focus: Looks at the causes and consequences of changes in the American family and household structure.

Topical Areas: Parenting and child outcomes, childbearing, sibling relationships, cohabitation, dating and marriage, child custody, divorce consequences on children, divorce consequences on parentault and child relations, and attitudes toward families and family issues.

Population: National probability sample of male and female respondents from noninstitutionalized families and households; several population groups were oversampled, including minorities, single parents, persons with stepchildren, cohabiting persons, and recently married persons.

Years: 1987–1988 (initial survey) and 1992–1994 (5-year followup).

Sponsors: National Institute on Child Health and Human Development, U.S. Department of Health and Human Services (DHHS); and National Institute on Aging, DHHS.

For Further Information:

 Project Contact: Julia Gray, Center for Demography, University of Wisconsin, 1180 Observatory Drive, Room 4412, Madison, WI 53706-1393; (608) 262-1537; fax: (608) 262-8400; E-mail:

<NSFHHELP@SSC.WISC.EDU>.

- Project Home Page: <www.ssc.wisc.edu/nsfh/ home.htm>.
- Contact for Data and Publications: Selected data from and publications on this study are available on the project home page:
 <www.ssc.wisc.edu/nsfh/ home.htm>.

National Survey of Family Growth (NSFG)

Focus: Collects data on factors affecting pregnancy and women's health in the United States.

Topical Areas: Sexual activity, age of first intercourse, voluntary versus involuntary first intercourse, sex education, contraceptive use, pregnancy (intended and unintended), wanted and unwanted births, health conditions, family planning and medical services, marriage and divorce, cohabitation, and child care.

Population: National sample of women age 15–44 in the U.S. civilian noninstitutionalized population.

™ Continued on page 22

National Data Collection Efforts (Continued from page 21)

Years: 1973, 1976, 1982, 1988, 1990 (followup of the cycle IV [1988] respondents), and 1995; cycle VI will begin in 2001.

Sponsors: (1995 cycle) National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (DHHS); National Institute of Child Health and Human Development, DHHS; Office of Population Affairs, DHHS; and Administration for Children and Families, DHHS.

For Further Information:

- Project Contact: William Mosher, Principal Investigator, National Center for Health Statistics; (301) 436-8731, ext. 127, or Linda Peterson, Principal Investigator, National Center for Health Statistics; (301) 436-8731, ext. 126.
- Project Home Page:
 <www.cdc.gov/nchs/nsfg/nsfg.htm>.
- Contact for Data and Publications: Selected data from and publications on this study are available on the project home page:

 <www.cdc.gov/nchswww/
 about/major/nsfg/nsfg.htm>.

 To have a bibliography of articles on this study sent or faxed, call (301) 458-4222.

8 New Immigrant Survey: A Pilot Study

Focus: Provides data about immigrants and their families (including children) regarding their adaptation to the United States.

Topical Areas: Pre-immigration work, family background, migration history, current family status, immigration process, mobility and adaptation, and immigrant cohort comparison.

Population: Legal and temporary immigrants who were admitted to legal permanent residence during July–August 1996 (sampled from the administrative records of the Immigration and Naturalization Service [INS], U.S. Department of Justice).

Years: 1996–1997.

Sponsors: National Institute of Child Health and Human Development, U.S. Department of Health and Human Services; INS; and National Science Foundation.

For Further Information:

- Project Contact: James P. Smith, Principal Investigator, RAND, 1700 Main Street, Santa Monica, CA 90407; (310) 393-0411, ext. 6925; E-mail: <james_smith@rand.org>.
- Contact for Data: For a copy of the study results, call the Office of Legislative and Public Affairs, National Science Foundation, at (703) 306-1070.

Panel Study of Income Dynamics (PSID)— Child Development Supplement

Focus: Studies the way in which the cognitive and behavioral development of children are linked to time, money, and parenting and teaching styles at the family, school, and neighborhood levels and to parental psychological characteristics.

Topical Areas: Child well-being and future success, school progress, academic achievement and cognitive ability, highest grade completed, verbal and math ability and literacy, and child's social and emotional well-being and health.

Population: Parents in the PSID (representative sample of U.S. individuals and the families in which they reside) and their infants and children through age 12.

Years: The PSID has been collecting data annually since 1968. In 1997, the PSID also supplemented its data collection with data on parents and their infants and children through age 12 (the PSID Child Development Supplement); a followup interview of this population is planned for 1999.

Sponsors: National Institute of Child Health and Human Development, U.S. Department of Health and Human Services; U.S.

Department of Agriculture; U.S. Department of Education; William T. Grant Foundation; and Annie E. Casey Foundation.

For Further Information:

- Project Contact: PSID Staff, Panel Study of Income Dynamics, Institute for Social Research, P.O. Box 1248, Ann Arbor, MI 48106-1248; (734) 763-5166; fax: (734) 647-4575; E-mail: <psidhelp@isr.umich.edu>.
- Project Home Page:
 <www.isr.umich.edu/src/child-development/home.html>.
- Contact for Publications: A bibliography of publications on this study appears on the following home page:

 <www.isr.umich.edu/src/psid/bibliography/biblio.html>.

Program of Research on the Causes and Correlates of Delinquency

Focus: Designed to improve the understanding of serious delinquency, violence, and drug use by examining how youth develop within the context of family, school, peers, and community; is composed of three coordinated longitudinal projects: the Denver Youth Survey, the Pittsburgh

Youth Study, and the Rochester Youth Development Study.

Topical Areas: Serious delinquency, violence, and drug use among youth.

Population:

- Denver Youth Study: Boys and girls who were 7, 9, 11, 13, or 15 years old in 1988 and who lived in a disadvantaged neighborhood with high crime rates. One caretaker for each youth also was interviewed.
- Pittsburgh Youth Study: Boys in the first, fourth, and seventh grades of the Pittsburgh public school system in 1987. A primary caregiver for each boy in the sample also was interviewed, and teacher ratings for each student were obtained.
- Rochester Youth Development Study: Boys and girls in the seventh and eighth grades of the Rochester, New York, public school system in 1988. One of the parents of each student also was interviewed.

Years:

- Denver Youth Study: 1988–1992 and 1995–1999.
- Pittsburgh Youth Study: 1987–present. (The youngest sample [first graders in 1987] and oldest sample [seventh graders in 1987] currently are

- being interviewed at annual intervals.)
- Rochester Youth Development Study: 1988–1992,
 1994–1996, and 1997.

Sponsor: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

For Further Information:

- Project Contacts:
 - ◆ Denver Youth Study:
 David Huizinga, University of
 Colorado at Boulder,
 Institute of Behavioral
 Science, Campus Box 442,
 Boulder, CO 80309.
 - ♦ Pittsburgh Youth Study: Rolf Loeber or Magda Stouthamer-Loeber, Western Psychiatric Institute and Clinic, University of Pittsburgh, 3811 O'Hara Street, Pittsburgh, PA 15213.
 - ◆ Rochester Youth Development Study: Terence
 Thornberry, School of
 Criminal Justice, New York
 State University at Albany,
 135 Western Avenue, Albany,
 NY 12222.

National Data Collection Efforts (Continued from page 23)

11 Study Group on Serious and Violent Juvenile Offenders

Focus: Documents what is known about serious and violent juvenile offending, what programs have been tried and how these have performed, what lessons can be drawn from these programs, and what research and evaluation efforts are needed to advance knowledge about preventing and controlling serious and violent juvenile offending.

Topical Areas: Community prevention and intervention programs for serious and violent juvenile offenders, analysis of risk and protective factors, and identification of potential offenders at a young age.

Population: Serious and violent juvenile offenders.

Years: 1996–1998.

Sponsors: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

For Further Information:

• Project Contact: Rolf Loeber, Western Psychiatric Institute and Clinic, University of Pittsburgh, 3811 O'Hara Street, Pittsburgh, PA 15213.

12 Study Group on Very Young Offenders

Focus: Modeled after the Study Group on Serious and Violent Juvenile Offenders, explores what is known about the prevalence and frequency of very young offending.

Topical Areas: Future delinquent or criminal careers related to offenses committed at a young age, how young offenders are handled by various systems, and prevention methods.

Population: Offenders under age 13.

Years: 1998.

Sponsors: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

For Further Information:

• Project Contact: This study group currently is preparing its report. Further information will be available in February 2000 by contacting Rolf Loeber, Western Psychiatric Institute and Clinic, University of Pittsburgh, 3811 O'Hara Street, Pittsburgh, PA 15213.

Youth Risk Behavior Surveillance System (YRBSS)/ Youth Risk Behavior Survey

Focus: Assesses the prevalence of health risk behaviors among high school students.

Topical Areas: Injury-related behaviors, tobacco use, alcohol and other drug use, sexual behaviors, physical activity, and dietary behaviors.

Population: Students in grades 9–12.

Years: Biennially since 1991.

Sponsors: Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services.

For Further Information:

- Project Contact: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 4770 Buford Highway, N.E., Mailstop k-33, Atlanta, GA 30341-3717; (770) 488-3257.
- Project Home Page:
 <www.cdc.gov/nccdphp/dash/
 yrbs/index.htm>.

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